

Republic of the Philippines SOCIAL SECURITY SYSTEM SICKNESS NOTIFICATION

RE-FILING CLAIM NO. ____

	AN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph	
PLEASE READ THE INSTRUCTIONS AND REMINDER AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.		
PART I - TO BE FILLED OUT BY THE MEMBER		
A. PERSONAL DATA		
SS NUMBER COMMON REFERENCE NUMBE	R (IFANY) DATE OF BIRTH (MMDDYYYY) TAX IDENTIFICATION NUMBER (IFANY)	
NAME (LAST NAME) (FIRST NAME)	(MIDDLÉ NAMÉ) (SUFFIX)	
NAME (LAST NAME) (FIRST NAME)		
ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK NO.) (STREET NAME)		
(SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) ZIP CODE		
TELEPHONE NO. (AREA CODE + TELNO.) MOBILE/CELLPHONE NO. E-MAIL ADDRESS		
TELEPHONE NO. (AREA CODE + TEL NO.) MOBILE/CELLPHONE NO. E-MAIL ADDRESS		
FOREIGN ADDRÉSS (IF APPLICABLE)		
B. CERTIFICATION		
I certify that the information provided in this form are true and correct.		
PRINTED NAME	SIGNATURE DATE	
If member cannot sign, affix fingerprints. Please read Instruction No. 6 of the form. Below are the witnesses to fingerprinting:		
1)		
PRINTED NAME SIGNATURE	DATE	
ADDRESS & CONTACT NUMBER		
2)		
PRINTED NAME SIGNATURE	DATE RIGHT THUMB RIGHT INDEX	
ADDRESS & CONTACT NUMBER		
	LLED OUT BY EMPLOYER	
	PLOYER DATA R/REGISTERED BUSINESS NAME E-MAIL ADDRESS	
	BAL SOLUTIONS (PHILIPPINES). INC.	
BUSINESS ADDRESS (NO. & STREET) (BARANGAY)	(TOWN/ DISTRICT) (CITY/PROVINCE) ZIP CODE	
1F to 4F SCIENCE HUB TOWER 3, BLK 38 CAMPUS AVE COR, TURIN ST. START OF SICK LEAVE INOTIFICATION FORM WAS E-NOTIFICATION DATE ACCIDENT/SICKNESS OCCURRED WHILE		
START OF SICK LEAVE NOTIFICATION FORM WAS E-NOTIFICATION FORM WAS RECEIVED BY US ON (MMDDYYYY) (MMDDYYYY)	Working In Co. Premises On Vacation	
	On Strike Co. Shutdown Under Suspension	
B. CERTIFICATION		
I certify that the above information are true and co Employer's Logbook for EC Claim under page number	rect and that the reported accident/illness is duly recorded in the	
Employer's Logbook for Lo Claim dider page number	_ and only number	
SIGNATURE OVER PRINTED NAME OFFICIAL DESIGNATION DATE		
EMPLOYER/AUTHORIZED REPRESENTATIVE		
PART III - MEDICAL CERTIFICATE (TO BE FILLED OUT BY THE ATTENDING PHYSICIAN) BRIEF MEDICAL HISTORY AND PERTINENT FINDINGS		
BRIEF MEDICAL HISTORY AND PERTINENT FINDINGS		
ATTENDING PHYSICIAN'S CERTIFICATION		
Certify that I have seen and examined above-named patient on and in my opinion, confinement		
including recuperation period may lastdays.	(DATE)	
DIAGNOSIS:	FIT TO WORK:	
PLACE OF CONFINEMENT NAME OF HOSPITAL (if confined in a hospital)		
(MMDDYYYY)		
PRINTED NAME AND SIGNATURE	LICENSE NO.	
ADDRESS OF PHYSICIAN'S CLINIC/HOSPITAL (NO. & STREET)	(BARANGAY) (TOWN/ DISTRICT) (CITY/PROVINCE) ZIP CODE	
ADDRESS OF PHYSICIAN'S CLINIC/HOSFITAL		
PART IV - TO BE FILLED OUT BY SSS PERSONNEL RECEIVED BY (FOR MEMBER SERVICES SECTION) RECEIVED BY (FOR MEDICAL EVALUATION SECTION)		
, 12011725 57 (1 6) 111111111111111111111111111111111		
SIGNATURE OVER PRINTED NAME DATE TIME	SIGNATURE OVER PRINTED NAME DATE TIME	
Perforate Here Republic of the Philippines		
SOCIAL SECURITY SYSTEM		
SICKNESS NOTIFICATION ACKNOWLEDGEMENT STUB		
SS NUMBER/CRN (IF ANY) NAME OF MEMBER	(LAST NAME) (FIRSTNAME) (MIDDLE NAME) (SUFFIX)	
RECEIVED BY		
SIGNATURE OVER PRINTED NAME POSITION TITLE DATE & TIME SSS BRANCH		

THIS PORTION TO BE FILLED OUT BY SSS PERSONNEL	
PART V - SCREENING RESULTS	
MEMBER SERVICES SECTION	MEDICAL EVALUATION SECTION
Screening was done and results are as follows:	Screening was done and results are as follows:
☐ In order	n order
☐ No signature of Employee	With findings, please see remarks
No signature of Employer	Remarks:
Medical Certificate not accomplished	
Remarks:	
Tomarks.	
SCREENED BY	SCREENED BY
SIGNATURE OVER PRINTED NAME DATE TIME	SIGNATURE OVER PRINTED NAME DATE TIME
RECEIPT AND SCREENING (RE-FILED CLAIM)	REMARKS
Claim accepted	
Claim not accepted (see remarks)	
RECEIVED AND SCREENED BY	
SIGNATURE OVER PRINTED NAME	DATE TIME DATE RETURNED
PART VI - MEDICAL EVALUATION	
	EXAMINATION AND INTERVIEW Onset of Illness
PERTINENT PE FINDINGS (Member to affix signature after PEI)	Last Working Day
	Back to Work
	Member's Signature
	RECOMMENDATION EC
SS APPROVED # of days	APPROVED # of days
Initial Extension (indicate previous approval)	Initial Extension (indicate previous approval)
(In numeric) (in words)	(In numeric) (In words)
(III numeric)	
(Inclusive Period)	(Inclusive Period)
Previous approval	Previous approval
Hospital (Confined)	Hospital (Confined)
(Date of Discharge)	(Date of Discharge)
PENDING - For MFS HCD/ODS refer	ral PENDING - For MFS HCD/ODS referral
	e Initials Date
Initials Dat	e Initials Date
RETURNED -	C RETORNED
Initials Dat	e Initials Date
DENIED -	DENIED -
D DEMED	
	DEMADIC
REMARKS	REMARKS
ILLNESS CODE/S	· · · · · · · · · · · · · · · · · · ·
EVALUATED BY	ENCODED AND RELEASED BY
SIGNATURE OVER PRINTED NAME DATE	SIGNATURE OVER PRINTED NAME DATE
INSTRUCTIONS	

- 1) Fill out this form in one (1) copy.
- 2) Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 3) Please attach this notification to the Sickness Benefit Reimbursement Application.
- 4) Affix your initials on all alterations/erasures in this form.
- 5) Write SS Number and name of member in all the supporting documents submitted.
- 6) If member cannot sign, witnesses to fingerprinting shall be as follows:
 - Two (2) witnesses: One (1) witness is the employer/authorized representative and the other one (1) could be any person. Both should affix their signatures and indicate their addresses and contact numbers on the portions provided in Part I-B.

ATTACHMENT/SUPPORTING DOCUMENTS

For prolonged confinements/sickness

- Laboratory, X-ray, ECG and other diagnostics results
- Operating room/clinical record that will support diagnosis

For sickness that occurred while on strike/shutdown Certificate of Notice of Strike issued by DOLE

- Certificate of Foreclosure

For vehicular accident w/ 3rd party involvement (EC claim)

Certificate of Non-advancement of Payment from Employer

- Police Report

ON FILING OF NOTIFICATION

For Employed Members

- To avoid penalties for late filing, Sickness Notification (SN) form must be submited to employer within five (5) calendar days after start of confinement, except:
 - a) if confinement is in a hospital deadline for notification is one (1) year from date of discharge
 - b) if sickness/injury occurred while at work or within company premises -Employer is deemed notified.
- For EC cases, sickness/injury must be recorded in the company logbook within five (5) calendar days from notice or knowledge of occurrence of the contingency. Failure to do so will mean employer liability to fifty (50) percent of the lump sum equivalent of the income benefit the employee is entitled.

For Employers

- To avoid penalties for late filing, employer may:
 - a) File the SN form at SSS within five (5) calendar days after its receipt from employee, including cases where sickness/injury occurred while at work or within company premises, or
- b) Notify the system through the web and submit the SN form within thirty (30) calendar days after date of web notification.